MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004631
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 67

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4000		
2	223½		
3			
4	0		
5	2		
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9	480XA		
10			
11			
12	42-0		
13			

BY AFFIDAVIT OF DOCUMENT

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USE BLACK INK OR TYPEWRITER RIBBON

FILED JAN 29 1963

1. PLACE OF DEATH
a. COUNTY ~~Mt. St. Rose~~ St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEMAY
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MT. St. ROSE HOSP. Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St Louis Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2009 Senate Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First MAE Middle Last POOLE

4. DATE OF DEATH Month Jan Day 5 Year 1963

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 7/27/1888

9. AGE (last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~HOUSE~~ HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME SETH CRABTREE

13b. MOTHER'S MAIDEN NAME MARYANN WICKHAM

14. NAME OF HUSBAND OR WIFE EDGAR Poole (Dec'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of serv

16. SOCIAL SECURITY NO.

17. INFORMANT Address Charles Poole 2853 McNair

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, post influenal — INTERVAL BETWEEN ONSET AND DEATH 2 WKS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) T. A. P. Hx, post thoracoplasty status 20yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Glomerulonephritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1950, to 1-5-63 and last saw her alive on 1-5-63
Death occurred at 7:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Masao Ohmoto M.D.

22b. ADDRESS 607 N. Grand (3)

22c. DATE SIGNED 1/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE JAN 9, 1962

23c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.

23d. LOCATION (City, town, or county) ST. LOUIS (State) MO

24. FUNERAL DIRECTOR Thomas Butis ADDRESS 2706 Harris

25. DATE RECD. BY LOCAL REG. 1-8-63

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Bobby Thompson Jr

Licensed Embalmer No. 4561

P. O. Address St Louis 19, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.